

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8	2					
9						
10						
11						
12	1					
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50						
TOTAL IND.	6					
TOTAL DEP.						
TOTAL CLAIMS.	25					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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TOTAL CLAIMS.	25											